

## **Attachment F**

# ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

12/11/01

## PRODUCER

BARNER & CARLSON COMPANIES  
RiverEdge PKWY., SUITE 1010  
ATLANTA, GA 30328

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND  
CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE  
DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE  
POLICIES BELOW.

## COMPANIES AFFORDING COVERAGE

COMPANY LETTER **A** LUMBERMENS MUTUAL CASUALTY COMPANY  
COMPANY LETTER **B**  
COMPANY LETTER **C**  
COMPANY LETTER **D**  
COMPANY LETTER **E**

## INSURED

UDRI  
c/o Barbara Bennett  
1445 Ross at Field  
Dallas, Texas 75202-2785

## COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY				
X	COMMERCIAL GENERAL LIABILITY				GENERAL AGGREGATE \$ 2,000,000
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.	5AA 045 739-00	9/30/01	9/30/02	PRODUCTS-COMP/OP AGG. \$ 1,000,000
	OWNER'S & CONTRACTOR'S PROT.				PERSONAL & ADV. INJURY \$ 1,000,000
					EACH OCCURRENCE \$ 1,000,000
					FIRE DAMAGE (Any one fire) \$ 50,000
					MED. EXPENSE (Any one person) \$ 1,000
X	AUTOMOBILE LIABILITY				
	ANY AUTO	F5D 047 575 00	9/30/01	9/30/02	COMBINED SINGLE LIMIT \$ 1,000,000
	ALL OWNED AUTOS	F5D 008 197 00	9/30/01	9/30/02	BODILY INJURY (Per person) \$
	SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	HIRED AUTOS				PROPERTY DAMAGE \$
	NON-OWNED AUTOS				
	GARAGE LIABILITY				
	EXCESS LIABILITY				EACH OCCURRENCE AGGREGATE
	UMBRELLA FORM				
	OTHER THAN UMBRELLA FORM				
A	WORKER'S COMPENSATION				X STATUTORY LIMITS
	AND	5BA 130 108-01	9/30/01	9/30/02	EACH ACCIDENT \$ 1,000,000
	EMPLOYERS' LIABILITY	5BA 130 086 01	9/30/01	9/30/02	DISEASE - POLICY LIMIT \$ 1,000,000
					DISEASE - EACH EMPLOYEE \$ 1,000,000
	OTHER				

## DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

The above referenced insurance is primary and non-contributory.

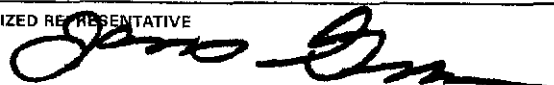
## CERTIFICATE HOLDER

Illinois Commerce Commission  
Attn: Chief Clerk  
527 East Capitol Avenue  
P. O. Box 19280  
Springfield, IL 62794-9280

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



## MARSH USA INC.

## CERTIFICATE OF INSURANCE

CERTIFICATE NUMBER  
HOU-000380719-00

## PRODUCER

MARSH USA INC.  
2100 THANKSGIVING TOWER  
1601 ELM STREET  
DALLAS, TX 75201

LeCynthia McGlothlin (214) 765-8617

10180 --All-2002

## INSURED

UDRI  
C/O BARBARA BENNETT  
1445 ROSS AT FIELD  
DALLAS, TX 75202-2785

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES DESCRIBED HEREIN.

## COMPANIES AFFORDING COVERAGE

## COMPANY

A NATIONAL UNION FIRE INS. CO. OF PITTSBURGH, PA

## COMPANY

B N/A

## COMPANY

C N/A

## COMPANY

D

## COVERAGES

This certificate supersedes and replaces any previously issued certificate for the policy period noted below.

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THIS IS TO CERTIFY THAT POLICIES OF INSURANCE DESCRIBED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY				
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY				GENERAL AGGREGATE \$
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				PRODUCTS - COMP/OP AGG \$
	<input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT				PERSONAL & ADV INJURY \$
					EACH OCCURRENCE \$
					FIRE DAMAGE (Any one fire) \$
					MED EXP (Any one person) \$
	AUTOMOBILE LIABILITY				
	<input type="checkbox"/> ANY AUTO				COMBINED SINGLE LIMIT \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per person) \$
	<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE \$
	<input type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				
	<input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$
					OTHER THAN AUTO ONLY: \$
					EACH ACCIDENT \$
					AGGREGATE \$
A	EXCESS LIABILITY	BE7392038	09/30/01	09/30/02	EACH OCCURRENCE \$ 4,000,000
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input checked="" type="checkbox"/> OTHER THAN UMBRELLA FORM				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS \$
	THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				EL EACH ACCIDENT \$
	OTHER				EL DISEASE-POLICY LIMIT \$
					EL DISEASE-EACH EMPLOYEE \$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS (LIMITS MAY BE SUBJECT TO DEDUCTIBLES OR RETENTIONS)

## CERTIFICATE HOLDER

ILLINOIS COMMERCE COMMISSION  
ATTN: CHIEF CLERK  
527 EAST CAPITOL AVENUE  
P.O. BOX 19280  
SPRINGFIELD, IL 62794-9280

## CANCELLATION

SHOULD ANY OF THE POLICIES DESCRIBED HEREIN BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED HEREIN, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER AFFORDING COVERAGE, ITS AGENTS OR REPRESENTATIVES.

MARSH USA INC.

BY: Rex Cook

Rex Cook

MM1(9/99)

VALID AS OF: 12/11/01